

SEP 28 2007

PTO/SB/97 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: Gregg Feishtat et al.  
Case: P3984 Application No.: 09/839,735 Filing date: 04/20/2001  
Art Unit: 3691 Examiner: Stefanos Karmis  
Subject: System and Method for Syndicated Transactions

**Certificate of Transmission under 37 CFR 1.8**

Attention: Stefanos Karmis , Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the  
Patent and Trademark Office

on 09/28/2007

Date



Signature

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify  
each submitted paper.

Total Sheets Transmitted - 10

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Response F - 7 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 768-1755 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.  
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,  
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,  
Washington, DC 20231.

Method of Transmission: Facsimile

CASE DOCKET NO. P3984

In reference to application of Gregg Feishtat et al.

Serial No. 09/839,735

For System and Method for Syndicated Transactions

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

\*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 31	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 6	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted, /Donald R. Boys/

Donald R. Boys  
Reg. No. 35074

Central Coast Patent Agency, Inc.  
3 Hangar Way, Suite D  
Watsonville, CA 95076  
(831) 768-1755

SEP 28 2007

Method of Transmission: Facsimile

CASE DOCKET NO. P3984

In reference to application of Gregg Feishtat et al.

Serial No. 09/839,735

For System and Method for Syndicated Transactions

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

## \*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 31	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 6	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys  
Reg. No. 35074Central Coast Patent Agency, Inc.  
3 Hangar Way, Suite D  
Watsonville, CA 95076  
(831) 768-1755

COPY

SEP 28 2007

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 3691

Examiner: Stefanos Karmis

In Re: Gregg Freishtat et al.  
Case: P3984  
Serial No.: 09/839,735  
Filed: 04/20/2001  
Subject: System and Method for Syndicated Transactions

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

## Response F